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ABSTRACT

One person's impressions about children in China are reported along with information obtained from informal observations and discussions with psychologists involved in teacher preparation and other Chinese psychologists and psychiatrists. Observations were made wherever possible; visits were made to both an urban and a rural kindergarten, a primary and a middle school, and a child unit at a mental hospital. These experiences suggest that, in China, a strong family, community, and educational structure establishes a fairly common set of values and expectations that guide the socialization of children. Such values and expectations include nonviolence, respect for and obedience to the system, and preparation for service. The Chinese apparently aim to produce a homogenous people, oriented toward group welfare rather than toward individualism. Professionals such as psychologists do not play a major role in this process. Their role is limited to treating the few children deviating from societal expectations. Treatment is consistent with the society, relying heavily on drugs, because deviation is considered a medical problem, and on re-education or re-socialization to the aims of the society. (RH)

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Child Mental Health in the Peoples Republic of China

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Our knowledge of the children - their development, their education, their mental health, their problems and treatment - was gained in a variety of ways. I might note here that our group was not organized with a focus on children, so that we did not get a systematic or very complete picture. However we were able to observe many children informally wherever we encountered them. We also visited two kindergartens - one in an urban setting, one in a rural commune. We briefly visited a primary school in the commune, and several of the teachers in the group visited the #1 middle school in Changsha where in addition to their observations they were able to present some brief lessons. Sources of information about the role of teachers in child mental health were the University and Normal School psychologists who are involved in teacher preparation. Finally, discussions with psychologists and psychiatrists in Beijing and Changsha gave us some idea of the problems experienced by children, and a brief observation of a child unit at the Gwangshou Mental Hospital showed some treatment approaches and facilities.

Once again, before I proceed with some observations, let me point out the limitations inherent here. We simply did not make enough varied observations, nor did we have sufficient opportunity to ask our many questions to make statements about how conditions generally are for children in China. So, acknowledging these as one person's observations, let me proceed.

In general observation of children , it is striking how well cared for they look, how generally cheerful they are, how open and friendly they are, and above all, how amazingly well behaved they are. This was uniformly true in the kindergartens, primary and middle schools, and other formal settings in which we observed them. But it was mostly true as well on the streets, in stores, in airport waiting rooms, at the zoo, and in other places where the behavior for observation was unlikely to be orchestrated. So in many ways it is difficult to report on the kinds of child behavior that might call for mental health intervention - we observed little that might be considered deviant or out of line.

It is very obvious that the young child in China is well-cared for in the family. The children we saw were healthy looking, dressed colorfully and neatly, often in handknit sweaters. They were usually in the care of the parent or older person, presumably the grandparent. They were held and talked to, and they seldom cried, even when a battery of foreign cameras was thrust upon them. When they did cry, and some did, they were comforted and physically caressed.

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By report, and observation, there is considerable physical contact between adults and young children, in contrast to the limited physical contacts seen publically among older age groups. The young children were sometimes restless- one small girl at the airport trotted from one family member to another and had to be rushed to the bathroom during a long wait for a delayed plane. But her activity was neither excessive nor infringing on others' rights.

Preschoolers are sometimes cared for in nurseries, but often they stay at home with a grandparent in the typical three-generational family unit. With the current one family - one child policy, the child may enjoy the sole attention of numerous adults. In fact, teachers say they see more "spoiled" children now than previously. Nursery care may be more prevalent in urban areas where the nuclear family is becoming more common. We did not visit any nursery care facilities.

The kindergarten children we saw were bright eyed and ever so obedient, at least in their school setting. Unfortunately for good observation, they were primed for our visit so the spontaniety of their behaviors is certainly suspect. We learned that these children of ages $3\frac{1}{2}$ to $6\frac{1}{2}$ are taught music, dancing, physical training, drawing, and counting. There appeared to be little if any emphasis on pre-reading or language activity. The emphasis on the physical was evident when the children performed for us. Their dances were quite complex and the children performed with excellent physical coordination and considerable discipline. It is our impression that a great deal of socialization occurs in the kindergartens; the children are there for long hours and the teachers become surrogate parents. Emphasis is placed on obedience and on group activity and cooperation. Apparently keeping the children in line is accomplished by praise for proper behavior, persuasion, and group pressure.

Our observations of older children were even more limited than those of the younger ones. We saw groups of school children on outings to historical sites and briefly visited some classrooms. As was true with the younger children, these children were very well behaved. On the outings, the children stayed in evenly spaced lines, kept their hands to themselves, and were quiet and attentive. If you have ever been on a field trip with a typical American elementary school class, you will note the contrast here. The primary school children and older are dressed much more drably and uniformly than the younger ones, beginning to reflect more the dress of their elders. Many of the children wore the red scarf indicating their membership in the Little Red Soldiers political group. It is our impression that political training plays a large role in the educational process. Physical training also continues to be emphasized for older children, and the children appear to be physically fit. In the classroom the children were very alert and attentive. The teachers who visited the middle school reported that the students and teacher were very uncomfortable when the American teacher asked for individual performance, however they responded easily when a group response was requested. This seemed to reflect the emphasis in the schools on the group and the down-playing of the individual.

Some contrasting observations were made in Xian where we saw children who approached us begging for trinkets and American souvenirs. This behavior would have been most unusual in the other cities we visited. These children were dressed more poorly as well. Our guides told us they were Moslem

children, a seemingly suggicient explanation of their behavior. Perhaps we were seeing here the different position of and attitudes toward minority populations in China. We were unable to explore this much more.

It is in our schools in the United States where we so often identify child mental health problems, and so too do the schools play such a role in China. But how they deal with problems is quite different from our approach. First, as perhaps noted from my earlier observations, there does not seem to be a great incidence of behavior or other problems manifested in the schools. But educators do agree that disrespect, bad language, stealing, being withdrawn, underachievement, and aggressiveness occasionally occur and warrant intervention. A note on aggressiveness - I was struck by the lack of aggressiveness in general in the culture. Even minor aggressiveness in a child would be non-normative and would undoubtedly be dealt with at a much earlier stage than it would be in our culture.

When there are problems, either academic or behavioral, it is the teacher who handles them directly. There is no group of support personnel such as psychologists to being in special expertise. The teacher is expected to handle any behavior problems that arise in the school through persuasion, through praise and encouragement. Persuasion, or criticism, terms that arise frequently, seem to consist of pointing out the wrongness of one's ways and explaining why, in mainly political terms, the alternative behaviors are more appropriate. The child is encouraged to exercise more self-control. Group pressure from peers is also brought to bear. The teacher is also expected to contact the family and counsel them. This is done through home visits. If it is warranted, re-education and community pressures are brought to bear through commune leaders and committees. Thus a network of concerned persons is established to help the child who needs it. Note that this is done through the regular social structures, not in a special system like a mental health system.

It is interesting that the departments of psychology that we visited had as a primary task, not the training of psychologists, though a small number of post graduate psychologists are being trained, but the training of teachers. Clearly basic psychological knowledge is important for teachers. There seems to be little emphasis on training teachers in special education, although there is some attention given to modifying programs for the slow child and the gifted. We learned that severely mentally retarded persons are the responsibility of the family and are either cared for at home or are hospitalized.

Although we did not get much impression either in the schools or in the universities of much incidence of more severe problems, when we talked with psychiatrists and medical psychologists the picture was somewhat different. We really have no idea of how prevalent more severe problems are, but clearly there are some that the psychiatrist see. Both in Beining and Changsha there was considerable interest by the professionals in asking about minimal brain dysfunction. Although problems of definition were severe, both because the concept is a difficult one and translations compound the problem, what was menat here seemed to be primarily hyperactivity. Apparently hyperactive children are not tolerated in the classroom, and so if a child cannot be

brought into control within a few weeks by the teacher, he or she is removed to a hospital setting for treatment lasting up to six months. Since, as is typical with many disorders, hyperactivity is viewed as a physical disorder, its treatment is often in a medical hospital and makes use of drugs and re-education. In Changsha, where a regular faculty exchange has occurred with the University of Washington, the psychiatrists have been introduced to the concepts and procedures of neuropsychological assessment using the Halstead-Reitan battery. My impression, based on the repeated questions from the professionals, is that the apparently hyperactive child poses a real problem for the Chinese. The child certainly does not fit into the cultural expectations for child behavior. The professionals are puzzled by a differential diagnosis between hyperactivity as a physical problem and that which reflects a behavioral problem. And, although they did not specifically say so, I suspect they are troubled by a lack of success in treating the children so identified.

A visit to the Guangshou Mental Hospital, which has a 35 bed children's unit for ages 8-15, gave us some sense of the other major disorders for which hospitalization occurs. In this hospital, the breakdown of disorders is 30-40% "excitable" seizure disorder children, 10% MBD, 1-2% behavior disorder, 20% MR, and 25-30% schizophrenic. The regimine for most is drug treatment and lectures.

We inquired about other problems for children such as juvenile delinquency and child abuse. Uniformly we were told that child abuse does not occur in China. This is fairly believable based on the family structures and ties, the basic level of care of everyone by the state, and the generally low level of violence in the culture as a whole. However, one wonders whether the crowded living conditions and the shame brought on a family by deviance might produce stress on the adult-child relationships.

The Chinese did admit to having some youth who got into trouble by doing wrong things. These wrong things might be repeated stealing or interfering with others' rights. Such misbehavior is handled by criticism and powerful group pressure. A committee might talk to the family. Here again we would see the network of community members and the family bringing persuasion and pressure to bear on the problem.

In sum, we observed in China, a strong family, community, and educaitonal structure bringing to bear on children's socialization a fairly common set of values and expectations. These include respect for and obedience to the system and preparation for service. Along with this is a value on nonviolence. The aim seems to be to produce fairly homogenous people whose orientation is toward the group good rather than toward individualism. Professionals such as psychologists do not play a major role in this process. Their role is more limited to the treatment of the apparently few children who deviate from the societal expectations. But even the treatment is consistent with the society-relying heavily on drugs because deviation must be primarily a medical problem, and on re-education or re-socialization to the aims of the society.